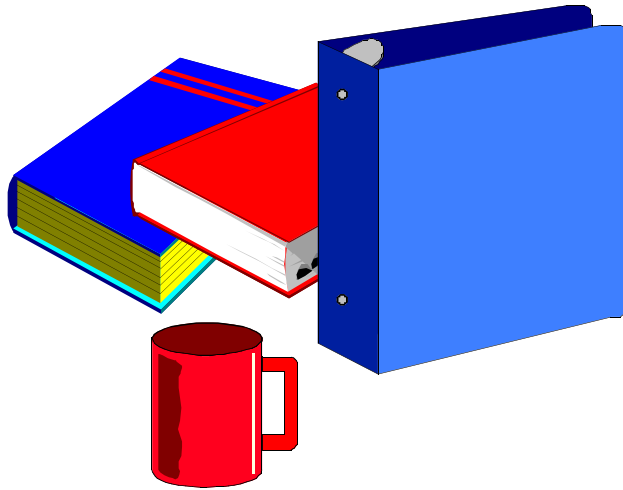


**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #5
Wellness:
Responding to Individual Needs

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Postive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: 5
Topic: Wellness: Responding to Individual Needs

Core

Objectives: Upon completion of the three Wellness modules, the DSP should be able to:

- W-1 Demonstrate correct use of Standard Precautions.
- W-2 Demonstrate basic knowledge of medications.
- W-3 Demonstrate healthful meal planning and food preparation, storage and handling procedures.
- W-4 Utilize strategies to ensure safety, and to prevent injuries and accidents.
- W-5 Respond in a timely manner to medical emergencies.
- W-6 Respond to environmental emergencies.
- W-7 Demonstrate knowledge and understanding of an individual's medical, mental and dental health care needs.
- W-8 Recognize and respond to signs and symptoms of illness or injury.
- W-9 Maintain documentation of individual health status and medical needs.
- W-10 Access community health care resources.

Cautionary Statement

The material in this module is not intended to be medical advice on personal health matters. Medical advice for a particular person should be obtained from a licensed physician. We urge you to talk not only with physicians but also with other health care providers, including pharmacists, nurses, dietitians, and therapists of various kinds. These specialists, along with advocates and emergency service personnel, can broaden your understanding of the fundamentals covered in this module.

Teacher's Resource Guide - Session #5: Wellness - Responding to Individual Needs

Time:	<i>Review of Homework Assignment #4</i>	20 minutes
	<i>Key Words</i>	3 minutes
	<i>Review Questions</i>	5 minutes
	<i>Health Assessment and Planning</i>	30 minutes
	<i>Meeting Health Care Needs</i>	25 minutes
	<i>Break</i>	15 minutes
	<i>Working with Health Care Professionals</i>	20 minutes
	<i>Signs, Symptoms, and Responses</i>	35 minutes
	<i>Medical Emergencies</i>	20 minutes
	<i>Homework Assignment</i>	7 minutes
	Total Time	180 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation.
 - *Resource Guide* for all class participants;
 - Television set with video player; video on seizures (obtain from your local ROCP);
 - Easel and paper, or white board, and markers; and
 - Handouts for activities, and pencils for writing.

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction

Do

Show overhead #1

Say

Welcome to Session #5, the third and final session on Wellness.

Do

Show overhead #2

Say

This session is titled Responding to the Health Needs of the Individual.

This is the third in a series of three modules on "health, wellness, and safety." We will spend the entire session on:

- health assessments, age-gender screenings, and planning;

Your Presentation Notes

Three Sessions of Wellness

- Nutrition, Exercise, and Safety
- Medications
- Responding to Individual Needs



Session #5, Overhead 1

Session 5: Wellness



Responding to the Needs of the Individual

Session #5, Overhead 2

- meeting the personal hygiene and related needs of individuals;
- community resources and working effectively with health care professionals;
- signs and symptoms of illness or injury; and
- responding to medical emergencies, and first aid.

Do

Show overhead #3

Say

Once again, a word of caution about these three sessions on health:

- The information in this session is not intended to be medical advice.
- Medical advice should be obtained from a licensed physician.
- We urge you to talk to health care professionals about the fundamentals covered in this session.

Let's begin by reviewing the homework assignment.

Your Presentation Notes

A Note of Caution

- **The information in this session is not intended to be medical advice.**
- **Medical advice should be obtained from a licensed physician.**
- **We urge you to talk to health care professionals about the fundamentals covered in this session.**

Session #5, Overhead 3

Review of Homework Assignment

Do

Show overhead #4

Say

What did you learn when you asked -

1. What services do you provide?
2. Who are your customers?
3. Are your services accessible to people with disabilities?
4. How does your business/organization contribute to the health and safety of people living in our community?

For discussion, Ask

Did everyone, alone or with a fellow student, get information about a health or safety resource in your community? Any difficulties in doing this homework?

Ask, and record on easel paper

Who wants to begin, and tell us about the resource you checked out? As each person/team reports, the Instructor should name the resource and a word or two in response to each question on a sheet of easel paper. Continue, listing two or three on each sheet, until everyone has had a chance to report.

Your Presentation Notes

Homework Assignment

What did you learn?

- What services do you provide?
- Who are your customers?
- Are your services accessible to people with disabilities?
- How does your business/organization contribute to the health and safety of the community?

Session #5, Overhead 4

Homework Assignment for Session #5: Community Resources - Health & Safety

Directions: DSPs are to pair up, choose a person or organization, and learn (by telephone, personal interview, or just stopping by the place) what that individual or organization can provide in terms of information or other services that might meet a health or safety need of people living in the home where you work. Call around and see if you can find an appropriate resource. Individuals and organizations can be identified in the Yellow Pages under such headings as:

Safety Equipment

Health Care Services

First Aid and Safety Instruction

Health Clubs

Safety Consultants

Weight Control Services

Waste Disposal—Hazardous

Fire Alarm Systems

Waste Disposal—Medical and Infectious

Fire Extinguishers

First Aid Supplies

Clinics

Hospitals, nursing homes

YMCA, YWCA

Fire Department

Red Cross

Social Service Organizations, such as American Heart Association, American Diabetes Association, American Cancer Society, etc.

College, University, or Regional Occupational Centers and Programs

Any other person/organization that contributes to health or safety.

A health or safety topic addressed by a phone service. (NOTE: In the Los Angeles area,

This can be found in the telephone book. Kaiser Permanente also has such a service.)

On the next page, you will find a set of basic questions to ask. Please jot down a summary of what the person you spoke with had to say.

Homework Assignment for Session #5: Learning About Local Health and Safety Resources

Name of Organization or Person Contacted: _____

Type of Business/Organization: _____

Note: First, say who you are and why you are calling. For example, My name is ... and I have a class assignment to learn more about health and safety resources in my community. I'd like to ask you a few questions.

1. What services do you provide?

2. Who are your customers? Who uses your services and why?

3. Are your services accessible to people with disabilities?

4. How does your business/organization contribute to good health and reasonable safety for people living in our community?

Note: Close by thanking the person you spoke with.

Say

Everyone needs a primary care physician, a dentist, and relevant specialists (for example, neurologist, podiatrist, eye doctor, etc.), and certain other services (for example, a nurse). In addition, health and safety resource information is important both for the operation of a home (for example, a fire extinguisher company) and the well-being of those we serve. Other important resources include support groups, and specialized services, such as *desensitization* programs if a person is skittish about such things as dental work or pelvic examinations. As the homework exercise demonstrates, there are a wide variety of community resources in the areas of "health, wellness, and safety."

Key Words

Do

Show Overhead #5

Say

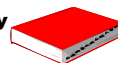
Near the front of your *Resource Guide*, you will find a list of key words that you will hear a lot during today's session. They are:

- Health Care Assessment, History and Plan
- Personal Hygiene
- Personal Health Advocacy

Your Presentation Notes

Key Words

- Health Care Assessment, History and Plan
- Personal Hygiene
- Personal Health Advocacy
- Signs and Symptoms
- Medical Emergency
- First Aid
- Emergency Services



- Signs and Symptoms
- Medical Emergency
- First Aid
- Emergency Services

Review Questions

Do

Show overhead #6

Say

Several key points and critical skills are today's focus. As with other sessions, key points are highlighted in a set of *Review Questions*. They are in your *Resource Guide*, right after the Key Words. The review questions for today are:

1. How do health assessments relate to health care plans, interventions, and evaluation of results? What goes into an initial health assessment?
2. How do age, gender, and risk factors relate to the frequency and content of physical examinations?
3. In helping people care for their teeth and nails, what should the DSP do?

Your Presentation Notes

Review Questions

- What's a health care assessment?
- Why are physicals helpful?
- What about care for teeth and nails?
- What do you need to do before seeing a health care professional?
- What about signs and symptoms?
- What's a medical emergency?

Session #5, Overhead 6

Your Presentation Notes

4. Why are (a) personal health care advocacy and (b) good preparation for exchanges with health care professionals important?
5. What is the relationship between the following: (a) observation; (b) change; (c) objective signs; and (d) subjective feelings?
6. What is a *medical emergency*? Besides first aid, when should a person call 911?

Health Assessment and Planning

Do

Show overhead #7

Say

When a person enters a home, a *health assessment* is required. The assessment generally includes a thorough physical examination, including a health history, along with needs or problems identified by the person, his/her family, and others. *Plans* address health care needs. *Interventions* follow from the plan and indicate who will do what, and how often. Health care professionals, most importantly the person's physician, need to be involved at every step.

Health Care Planning

- **Health assessment**
- **Plan to address health needs**
- **Interventions (What? How often? Who?)**
- **Evaluation of results**

Session #5, Overhead 7

Do

Show overhead #8

Say

Health histories should include:

- Basic information (e.g., names of health care professionals; allergies; regular and as needed medications)
- Personal illnesses in the past
- Family medical history (e.g., mother or siblings with breast cancer prior to menopause; causes of death; chronic illnesses such as diabetes)
- Medication history (what's worked; what hasn't; adverse reactions)
- Copies of previous medical records

Say

A *health history* is important, but often not easily obtained. It's important to ask questions (e.g., of the person, family members, regional center service coordinator, previous residential service providers), and sometimes read through records. Some of the information (e.g., *Family Medical History*) helps determine when and what to look for in examinations. Some information (e.g., medication allergies), if not obtained, can put a person at substantial risk. It pays to ask lots of questions, even though some cover the same topics, and to clarify any contradictions in the oral or written record.

Your Presentation Notes

Health Histories

- **Basic information**
- **Personal illnesses in the past**
- **Family medical history**
- **Medication history**
- **Copies of previous medical records**

Session #5, Overhead 8

Teacher's Resource Guide - Session #5: Wellness - Responding to Individual Needs

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES

For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).

NOTE TO PHYSICIAN:

The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients.

THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.

The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.

FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	
LICENSEE'S NAME:	TELEPHONE:	FACILITY LICENSE NUMBER:	

RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)

NAME:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	
NEXT OF KIN:		PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES:	

PATIENT'S DIAGNOSIS (To be completed by the physician)

PRIMARY DIAGNOSIS:				
SECONDARY DIAGNOSIS:				LENGTH OF TIME UNDER YOUR CARE:
AGE:	HEIGHT:	SEX:	WEIGHT:	IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TUBERCULOSIS EXAMINATION RESULTS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> NONE				DATE OF LAST TB TEST:
TYPE OF TB TEST USED:			TREATMENT/MEDICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	

OTHER CONTAGIOUS/INFECTIOUS DISEASES: A) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:		TREATMENT/MEDICATION: B) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	
ALLERGIES C) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:		TREATMENT/MEDICATION: D) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	

Ambulatory status of client/resident: ☐ Ambulatory ☐ Nonambulatory

Health and Safety Code Section 13131 provides: "Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

LIC 602 (7/96)

(OVER)

Teacher's Resource Guide - Session #5 - Wellness - Responding to Individual Needs

I. PHYSICAL HEALTH STATUS: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	YES NO (Check One)	ASSISTIVE DEVICE	COMMENTS:
1. Auditory Impairment			
2. Visual Impairment			
3. Wears Dentures			
4. Special Diet			
5. Substance Abuse Problem			
6. Bowel Impairment			
7. Bladder Impairment			
8. Motor Impairment			
9. Requires Continuous Bed Care			
II. MENTAL HEALTH STATUS: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	NO PROBLEM	OCCASIONAL	FREQUENT
	IF PROBLEM EXISTS, PROVIDE COMMENT BELOW:		
1. Confused			
2. Able To Follow Instructions			
3. Depressed			
4. Able to Communicate			
III. CAPACITY FOR SELF CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS:	
	YES NO (Check One)	COMMENTS:	
1. Able to care For All Personal Needs			
2. Can Administer and Store Own Medications			
3. Needs Constant Medical Supervision			
4. Currently Taking Prescribed Medications			
5. Bathes Self			
6. Dresses Self			
7. Feeds Self			
8. Cares For His/Her Own Toilet Needs			
9. Able to Leave Facility Unassisted			
10. Able to Ambulate Without Assistance			
11. Able to manage own cash resources			
PLEASE LIST OVER-THE-COUNTER MEDICATION THAT CAN BE GIVEN TO THE CLIENT/RESIDENT, AS NEEDED, FOR THE FOLLOWING CONDITIONS:			
CONDITIONS		OVER-THE-COUNTER MEDICATION(S)	
1. Headache			
2. Constipation			
3. Diarrhea			
4. Indigestion			
5. Others(specify condition)			
PLEASE LIST CURRENT <u>PRESCRIBED MEDICATIONS</u> THAT ARE BEING TAKEN BY CLIENT/RESIDENT:			
1. _____	4. _____	7. _____	
2. _____	5. _____	8. _____	
3. _____	6. _____	9. _____	
PHYSICIAN'S NAME AND ADDRESS:		TELEPHONE:	DATE:
PHYSICIAN'S SIGNATURE			
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (TO BE COMPLETED BY PERSON'S AUTHORIZED REPRESENTATIVE)			
I hereby authorize the release of medical information contained in this report regarding the physical examination of:			
PATIENT'S NAME:			
TO (NAME AND ADDRESS OF LICENSING AGENCY):			
SIGNATURE OF RESIDENT/POTENTIAL RESIDENT AND/OR HIS/HER AUTHORIZED REPRESENTATIVE		ADDRESS:	DATE:

Health History

Biographical information:

Name _____ Gender: ☐ Male ☐ Female Date of birth _____

Nature and origin of disabling condition: _____

Where lived over the past few years:

From/to (MM/YY)	Address (Street, City, State, ZIP)	Person(s) lived with	Phone#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sources of information (medical records; informants; individuals; etc.): _____

Social Security No. _____	Blood type: _____
Medicare No. _____	Medi-Cal No. _____
Emergency Contact _____	Relationship _____
Phone (days) _____	(other) _____
Emergency Contact _____	Relationship _____
Phone (days) _____	(other) _____
Guardian/conservator _____	Phone: _____
RC Service Coordinator _____	Phone: _____
Primary Physician _____	Phone: _____
Dentist _____	_____

Basic current health information

Allergies _____

Special Medical Conditions _____

Regularly Taken Medications (name; reason, schedule) _____

Personal illnesses

Do you have, or have you had, any of the following?

	<u>Yes</u>	<u>No</u>	<u>Year</u>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Angina or chest pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anxiety or Panic Attacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breathing problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer or Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name : _____

	<u>Yes</u>	<u>No</u>	<u>Year</u>
Compulsiveness, persistent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Constipation.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions or seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression (persistent 'down' mood)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes or Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diarrhea, persistent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emphysema.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma or cataracts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hay Fever, Hives or Skin Rash.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headaches, persistent.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Voices.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Attack.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Murmurs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Immune System Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee or Hip Replacement.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liver Problems or Hepatitis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obsessiveness, persistent.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
PKU.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reflux or Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever or Rheumatic Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scarlet Fever.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stroke.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thrombophlebitis or Blood Clots.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid Trouble, Goiter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vomiting, persistent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name : _____

Family member/Name	Health status	Major illnesses*	Cause of death	Age of death
Father				
Mother				
Sibling				
Grandparents				
Others (e.g., uncles, aunts, cousins)				

Medication History

Name: _____ Date history started: _____

Drug, Dose, Frequency*	Purpose used for	When began?	Stopped?	Problems, Side Effects, Allergic Reactions, etc.

Date Completed: _____

Signed: _____

APPRAISAL/NEEDS AND SERVICES PLAN

CLIENT'S/RESIDENT'S NAME	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE
FACILITY NAME	ADDRESS			
PERSON(S) OR AGENCY(IES) REFERRING CLIENT/RESIDENT FOR PLACEMENT		FACILITY LICENSEE NUMBER		
		CHECK TYPE OF NEEDS AND SERVICES PLAN: <input type="checkbox"/> ADMISSION <input type="checkbox"/> UPDATING TELEPHONE NUMBER ()		

Licensing regulations require that an appraisal of needs be completed for specific clients/residents to identify individual needs and develop a service plan for meeting those needs. If the client/resident is accepted for placement the staff person responsible for admission shall jointly develop a needs and services plan with the client/resident and/or client's/resident's authorized representative referral agency/person, physician, social worker or other appropriate consultant. Additionally, the law requires that the referral agency/person inform the licensee of any dangerous tendencies of the client/resident.

NOTE: For Residential Care Facilities for the Elderly, this form is not required at the time of admission but must be completed if it is determined that an elderly resident's needs have not been met.

BACKGROUND INFORMATION: Brief description of client's/resident's medical history/ emotional, behavioral, and physical problems; functional limitations; physical and mental; functional capabilities; ability to handle personal cash resources and perform simple homemaking tasks; client's/resident's likes and dislikes.

NEEDS	OBJECTIVE/PLAN	TIME FRAME	PERSON(S) RESPONSIBLE FOR IMPLEMENTATION	METHOD OF EVALUATING PROGRESS
SOCIALIZATION — Difficulty in adjusting socially and unable to maintain reasonable personal relationships				
EMOTIONAL — Difficulty in adjusting emotionally				

NEEDS	OBJECTIVE/PLAN	TIME FRAME	PERSON(S) RESPONSIBLE FOR IMPLEMENTATION	METHOD OF EVALUATING PROGRESS
MENTAL — Difficulty with intellectual functioning including inability to make decisions regarding daily living.				
PHYSICAL/HEALTH — Difficulties with physical development and poor health habits regarding body functions.				
FUNCTIONING SKILLS — Difficulty in developing and/or using independent functioning skills.				
<p>We believe this person is compatible with the facility program and with other clients/residents in the facility, and that I/we can provide the care as specified in the above objective(s) and plan(s). TO THE BEST OF MY KNOWLEDGE THIS CLIENT/RESIDENT DOES NOT NEED SKILLED NURSING CARE.</p>				
<p>LICENSEE(S) SIGNATURE</p>			<p>DATE</p>	
<p>I have reviewed and agree with the above assessment and believe the licensee(s) other person(s)/agency can provide the needed services for this client/resident</p>				
<p>CLIENT'S/RESIDENT'S AUTHORIZED REPRESENTATIVE(S)/FACILITY SOCIAL WORKER/PHYSICIAN/OTHER APPROPRIATE CONSULTANT SIGNATURE</p>			<p>DATE</p>	
<p>I/We have participated in and agree to release this assessment to the licensee(s) with the condition that it will be held confidential.</p>				
<p>CLIENT'S/RESIDENT'S OR CLIENT'S/RESIDENT'S AUTHORIZED REPRESENTATIVE(S) SIGNATURE</p>			<p>DATE</p>	

Do

Show Overhead #9

Say

Things to think about when planning for routine physical exams are:

- They may or may not be annual. For example, *Medicaid Waiver* requires exams based on individual needs and addressed in the Individual Program Plan (IPP).
- Schedule, and ask for needed accommodations (for example, early morning appointments, man or woman only, etc.)
- Be prepared (for example, bring a list of medications being taken; any questions)
- Bring immunizations up-to-date
- Ask for appropriate age-gender-risk screenings (for example, breast exam, pelvic exam, mammogram, sigmoidoscopy)

Say

In your Resource Guide (refer to page number) are *preventive care guidelines* for children and adults, put out by the Partnership Health Plan of California (PHC), a county-based Health Maintenance Organization serving Medi-Cal clients in

Your Presentation Notes

Planning for Routine Physical Exams

- May or may not need to be annual
- Schedule and ask for accommodations
- Be prepared
- Bring immunizations up-to-date
- Ask for appropriate screenings

Session #5, Overhead 9

Preventive Care for Adults

To keep yourself healthy, it is important to have health check-ups with your doctor even if you are not sick or having problems. If you are 18-64 years old, you should get health check-ups every 1 – 3 years, depending on your health and your risk factors. For those who are 65 years old or older, you should get health check-ups every year. If you are a new member of the health plan, you should get a health check-up within 4 months with your primary care provider. Below is a list of tests that should be done for your age group, but your doctor may want to do some tests more often.

TESTS	19 to 39 years	40 to 59 years	60 to 64 years	65 & older
Height & weight	every 3 years	every 3 years	every 3 years	every year
Blood pressure	every 2 years	every 2 years	every 2 years	every year
Stool blood (colorectal cancer screen) OR Sigmoidoscopy (colorectal screen)		at 50 and every year after at 50 and every 10 years after	every year every 10 years	every year every 10 years
Cholesterol (for men)	at 35 and every 5 years after	every 5 years	every 5 years	every 5 years
Cholesterol (for women)		at 45 and every 5 years after	every 5 years	every 5 years
Immunizations				
Diphtheria - Tetanus vaccine	every 10 years	every 10 years	every 10 years	every 10 years
Tuberculosis (TB) test	for people at high risk; every 2 years	for people at high risk; every 2 years	for people at high risk; every 2 years	for people at high risk; every 2 years
Hepatitis B test	18 to 35 and for people at high risk	for people at high risk	for people at high risk	for people at high risk
Pneumovax (to protect against pneumonia)				at 65 & as doctor recommends
For Men				
Prostate Cancer Screen (by a doctor)		at 50 and every year after	every year	every year
Testicular self-exam (check for lumps)	monthly	monthly	monthly	monthly
For Women				
Breast exam by doctor (to check for cancer)	every 3 years	every year	every year	every year
Breast self-exam (do 1 week after menstrual period; check for lumps)	monthly	monthly	monthly	monthly
Mammogram (breast x-ray)	at 35 if you have a family history, you can decide when to have one	at 40 to 49 you can decide when to have one; at 50 to 69 every year	at 50 to 69 every year	at 50 to 69 every year; at 70+ you can decide when to have one
Pap smear (to check for cervical cancer)	every 1-3 years	every 1-3 years	every 1-3 years	every 1-3 years

Source: Adapted from a Newsletter insert, published by Partnership Health Plan of California (PHC), 1998. PHC is a county-based Health Maintenance Organization, serving Medi-Cal patients in Solano and Napa counties.

Preventive Care for Children and Adolescents

The health plan recommends regular health check-ups for children and teens. Regular health check-ups can help you learn ways to keep your child healthy and to find out about possible health problems early on. As a member, your child or teen is eligible to have preventive health check-up as part of the Child Health and Disability Program (CHDP). The plan recommends health check-ups at the same ages as recommended by the American Academy of Pediatrics and CHDP as shown in the chart below. Your doctor's staff or your doctor should ask questions about your child's health history, growth, development and behavior during healthy check-ups. During health check-ups, you can also expect to learn ways to prevent injury and to learn what to expect as your child grows. Your doctor may recommend additional visits or screenings if needed.

	Ages for Infants and Toddlers (age in months)	Early Childhood (age in years)			Middle and Late Childhood (age in years)			Adolescence (age in years)											
HEALTH CHECK-UPS History, height, weight, blood pressure (starting at age 3) and other important assessments	At newborn, 2-4 days (if needed) 1,2,4,6,9,12,15, 18 and 24 months	3	4	5	6	8	10	11	12	13	14	15	16	17	18	19	20	21	
Vision test		•	•	•			•		•			•			•				
Hearing test		•	•	•			•		•			•			•				
Test for Anemia (<i>blood test</i>)	Between about 7-9, 13-15, and 24 months	•	•		•		•			•			•						
Urine Test				•	•		•			•			•						
Test for Lead (blood test). Your doctor or staff will also ask questions about possible exposure to lead at check-ups between 2 months and 4-5 years	At 10-12 months and at 24 months																		
Tuberculosis test (TB) (Also recommended for children at higher risk)					•					•									
Pelvic/Gynecological Exam	Recommended for sexually active females and females age 18 years and older																		

Recommended Schedule of Immunizations from Birth to 16 Years Old

Immunizations (shots) protect your child from many serious diseases. It is important to complete all shots in order to help your child to be fully protected. Keep your child's shot record in a safe place and bring it with you to your child's doctor appointments. If you think your child may have missed a shot, or should not have a shot let your child's doctor know. Your doctor may recommend a different shot schedule in order to catch up on missed shots.

AGE	DtaP or DTP (diphtheria, tetanus, pertussis)	POLIO	POLIOMMR (measles, mumps, rubella)	HIB (haemophilus influenza type B)	HEPATITUS B	VARICELLA (chicken pox)
At birth					✱ (between birth 2 mo)	
2 months	✱	✱		✱	✱ (between 1-4 mo)	
4 months	✱	✱		✱		
6 months	✱			✱ (if required)		
6-18 months		✱	✱ (12-15 months)		✱	
4-6 years	✱	✱	✱			
11-12 years	✱ (Tetanus/Dip booster)				✱ (If child has not already had 3 doses)	✱ (If child has not had vaccine or chicken pox)
14-16 years	✱ (if needed)					

Solano and Napa counties. Your organization's guidelines are likely to be quite similar. Beyond childhood, as we get older, the frequency of various kinds of screenings should increase – both for men and women.

In general, those in your care may need annual, routine exams because of regulations (for example Title 22 or Medicaid). In addition, health care is moving toward age, gender, and risk schedules. So, it's important to find out from the individual's primary care physician what is recommended in the way of routine or special physical examinations.

Do

Show overhead #10

Here are the general guidelines for a routine dental examination:

- Once a year, typically
- Cleaning, X-rays, visual exam
- Follow-up work, as needed

Say

Prevention is crucial in caring for teeth. This means brushing well at least twice a day; flossing at regular intervals; fluoride in tooth paste or the water we drink; and avoiding sugary substances in our mouths for long periods of time. Denti-Cal routinely pays for

Your Presentation Notes

Routine Dental Examinations

- **Once a year, typically**
- **Cleaning, X-rays, visual exam**
- **Follow-up work, as needed**
- **Prevention is important**



Session #5, Overhead 10

a professional dental check-up once a year. If those in your care struggle to maintain good dental hygiene, you may want to ask the dentist to submit a Treatment Authorization Request (TAR) for more frequent professional cleanings.

If a person brushes inadequately, DSPs can assist by going back over a person's teeth with a soft toothbrush, spending plenty of time brushing teeth, using a circular motion, along the gum line. This "mechanical action" is what loosens and sweeps plaque away. If accompanying a person to the dentist, a wise approach is to assist the person in asking the dentist and hygienist what they can do to improve the quality of dental hygiene.

Say, and Discuss

Let's do an activity. In your *Resource Guide*, is some information about Walter (refer to the page number).

(Divide people into small 4-6 person groups if not already seated that way.)

Working with others at your table, read the material, list Walter's health problems, and write a set of questions to ask the physician, other health care professionals (for example, a nurse), and perhaps others to determine what role they would like you, as a DSP, to have in meeting Walter's health related needs.

Your Presentation Notes

Activity: Toward a Health Care Plan

Information about Walter: Walter is a 36 year old and has Down Syndrome. He has lost his left eye and has a glass eyeball that occasionally gets gooey with whitish-gray discharge. He doesn't like to brush his teeth and resists the efforts of staff to help him brush his teeth. When he does brush his teeth, he doesn't do a very good job. Walter has occasional constipation. He is overweight and doesn't get much exercise. He will eat fruits and vegetables, but prefers hamburgers and french fries.

Health Problems: What health and health-related problems (or needs) does Walter have?

- #1 _____
- #2 _____
- #3 _____
- #4 _____
- #5 _____

What questions would you ask Walter's physician and others involved in his health care (parents, regional center clinicians and others who know Walter well) to learn how you can assist Walter to meet the health care needs you identified above? Limit your response to only three of the identified needs.

REMEMBER: Health care plans include (1) identification of a need; (2) plans to meet the need (Who will do what? How often? When?); (3) a method to evaluate the results to determine progress.

Problem: ***Questions to Ask:***

After 10 minutes

Show overhead #11

Ask

- *What are some of Walter's health needs?*
 - #1 Whitish-gray discharge from left eye
 - #2 Dental hygiene: toothbrushing
 - #3 Occasional constipation
 - #5 Overweight
 - #6 Lack of exercise

- *What questions would you like to ask professionals and those who know Walter well? (NOTE: These are sample responses. Many others are possible.)*
 - #1 Whitish-gray discharge from left eye
 - What causes the discharge?
 - What should we do when discharge is present?
 - Is there any way to eliminate (or reduce) the likelihood of discharge?
 - Could Walter be trained to care for his glass eye?
 - #2 Dental hygiene: teeth-brushing
 - Assist Walter in asking his dentist (or hygienist)
 - How can I improve my teeth-brushing?
 - Would you recommend an electrical toothbrush?
 - Ask those who know Walter well
 - What incentives/motivators/reinforcers could be used to encourage improved teeth-brushing?

Your Presentation Notes

Toward A Health Care Plan for Walter

An Activity

- **What are some of Walter's health needs?**
- **What questions would you like to ask professionals and those who know Walter well?**

Session #5, Overhead 11

Students are likely to see these as interrelated ...

#3 Occasional constipation

How should "constipation" be defined in Walter's case?

When constipation occurs, what should we do?

What steps can we take to minimize the chance that Walter will become constipated?

What changes in diet and activity would be appropriate, given this problem and the ones indicated below?

#5 Overweight

#6 Lack of exercise

Ask Walter's doctor, a dietitian, and others who know about Walter's food likes and dislikes.

Should any adjustments be made in Walter's diet? If so, what changes make the most sense?

Ask Walter's doctor:

How much and what kind of exercise would be right for Walter at this time?

Ask Walter (and/or those who know Walter well):

What things or activities, involving moving about, does Walter enjoy?

How can this kind of preparation help you plan for appointments?

Your Presentation Notes

Meeting Medical, Mental, and Dental Health Care Needs

Do

Show overhead #12

Say, and discuss

Let's look at some other personal hygiene and home care issues.

Hair

What if a person has *dandruff*? (Answer: Vigorous shampooing and/or rotation of dandruff shampoo with regular shampoo.)

What if a person has head lice? (Answer: Check with a health care professional; Nix or RID are over-the-counter medications that are typically used. Wash bedding; and avoid reinfestation.)

Skin

How does one avoid sunburn? (Answer: Sunscreen with sun protection factor, or SPF, of 15 or more; broad-brimmed hat; stay out of sun; loose clothing helps. Also, be aware of an individual's medication and which ones may make an individual more prone to sunburn.)

How does one avoid skin breakdown from pressure sores? (Answer: Help the person change positions frequently. Keep skin clean and dry.)

Your Presentation Notes

Personal Hygiene

- Hair
- Skin
- Nails
- Cold or flu
- Chronic health conditions



Session #5, Overhead 12

Your Presentation Notes

Nails

What about fingernails and toenails?

(Answer: Cut straight across; shoes that fit with adequate toe box; get professional help if (a) diabetes, (b) circulatory problems, or (c) toenail fungus, because of risk of infection.)

Cold or flu

What does one do for a cold or flu?

(Answer: Plenty of rest; lots of fluids; relieve symptoms by taking warm showers, chicken soup, and over-the-counter medications ordered by the person's physician.)

Chronic health problems

How does one handle chronic health care problems? (Answer: Follow the directions of the person's physician or health care team.)

If you have a question, ask a health care professional – the person's physician; pharmacist; a nurse.

BREAK for 15 minutes

Working with Health Care Professionals

Do

Show overhead #13

Say

There are two general approaches taken by nonprofessionals when working with physicians: *active partnership* vs. *passive and accepting*. These days, most physicians want their patients (and those who assist their patients) to be *active partners*, providing information, asking questions, discussing and weighing options, checking for understanding. Such an approach makes better use of the physician's time, and the quality of care is typically improved.

Do

Show overhead #14

Say

With managed care, busy physicians, Medical rates that are low in comparison with usual and customary charges, and devaluation of people with disabilities deeply embedded within the majority culture, *personal health advocacy* is often needed if those in our care are to receive the best possible health services. Here are some things you can do:

Your Presentation Notes

Two Ways to Work with Physicians

- **Active partner**
- **Passive and accepting**

Most physicians want you to be an active partner!

Session #5, Overhead 13

Personal Health Advocacy

- **Believe**
- **Be persistent**
- **It's never too early and it's never too late**
- **Be an active partner**
- **Ask for help**
- **Be prepared**
- **Choose a primary care physician with a good reputation**

Session #5, Overhead 14

- *Believe* every person is entitled to quality care;
- *Be persistent* in getting the care the person needs;
- *It's never too early and it's never too late* to provide the best possible care;
- Be an *active partner*, or get the help of someone who can be;
- Don't be afraid to *ask for help* (information; advice, assistance);
- *Be prepared* and get to the point; and
- Choose a primary care physician with a *good reputation*, ideally who has hospital privileges at the community hospital.

Do

Show overhead #15

Say

Here are some tips in preparing for and handling office visits with a person's physician: (The *Resource Guide* has an "Ask-the-Doctor Checklist" and on the page following, a sheet prompting you to keep track of signs and symptoms, and what was done prior to meeting with the person's physician or other health care provider.)

- Take good care of yourself and others.

Your Presentation Notes

Personal Health Advocacy

- ***Believe***
- ***Be persistent***
- ***It's never too early and it's never too late***
- ***Be an active partner***
- ***Ask for help***
- ***Be prepared***
- ***Choose a primary care physician with a good reputation***

Session #5, Overhead 14

Being an Active Partner

- ***Observe and record***
- ***Provide good care for minor health problems***
- ***Call if a minor problem doesn't go away or gets worse***
- ***Prepare for office visits***
- ***Play active role in the office visit***

Session #5, Overhead 15

Ask-the-Doctor Checklist

Date: _____

Individual's Name: _____

Step 1. Before the visit:

a. Complete the "Keeping Track and Initial Care," on the next page.

b. List all medications being taken:

Name	Purpose	Prescriber	Dose/frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 2. During the visit:

c. The main health problem is _____

d. Signs and symptoms have been (from preceding page) . . .

e. Past experience with this problem has been _____

Step 3. Write down:

f. Temperature _____ Blood pressure _____ / _____

g. The diagnosis (what's wrong) is _____

h. The prognosis (what might happen next) is _____

i. The home care plan is _____

Step 4. For drugs, tests, and treatments, ask:

j. What's its name? _____

k. Why is it needed? _____

l. What are the risks? Expected benefits? _____

m. Are there alternatives? _____

n. What are the risks? Likely benefits? _____

o. [for drugs] How should it be taken? _____

p. [for tests] How do I prepare? _____

Step 5. At the end of the visit:

q. What danger signs should I look for? _____

r. When do I need to report back? _____

s. Are we to return for another visit? _____

t. Are we to phone in for test results? _____

u. What else do we need to know? _____

Keeping Track, and Initial Home Care

Step 1. Observe the Problem.

Date: _____

Individual's Name: _____

a. What are the signs? symptoms? _____

b. When did they start? _____

c. Vital signs?

Temperature _____ Blood pressure _____ / _____

Pulse _____ Breaths _____ /minute

d. Thinking back:

Had the problem before? ☐ Yes ☐ No

What did you do for it? _____

Any change in life (stress, medications, food, etc.)? _____

Anyone else at home or work have these signs or symptoms? _____

Step 2. Learn more about it.

e. Books, articles, web sites _____

f. Advice from others (lay, professional) _____

Step 3. Make an action plan.

g. "Tentative" diagnosis _____

h. Home care plan _____

i. When to call the doctor _____

Step 4. Evaluate progress.

j. Are your actions working? _____

- At first sign of a health problem, observe and record signs and symptoms.
- Provide good care at home for minor problems.
- Call the physician if a minor problem doesn't go away or gets worse.
- Prepare for office visits (*Ask-the-Doctor Checklist*; write down main concern, hunches, questions, and list of medications being taken).
- Play active role in the office visit (be candid; share hunches and fears; don't hold back; get information; take notes; keep records).

Do

Show overhead #16

Say

In the course of caring for people, you are likely to have occasion to accompany a person meeting with their physician or other health care provider. In addition, you may talk with the health care provider by phone to ask questions, get further instructions, or the like. Title 17 requires you to keep an accurate record of such interactions with health care providers.

Based on hypothetical information about Jane Doe that you can find in your *Resource*

Your Presentation Notes

Log of Visits and Consultations

Activities

- March 27 – set up appointment
- April 10 – office visit
- April 11 – lab work
- May 14 – call to office
- May 15 – Nurse does blood pressure check and maintains July 7th office visit

Session #5, Overhead 16

Activity:
Recording Visits and Phone Calls
with Health Care Providers

Client's Name: Jane Doe

DOB: 7/30/74

Events:

1. It is March 27th. Over the past month, Jane Doe, who is 5' 2" tall, and currently weighs 175 lbs., gained 7 lbs. She and her care-provider are concerned about her weight. They call her primary care physician, Dr. Burns, whose front-office staff schedule an appointment for April 10.
2. On April 10, Jane is seen by Dr. Burns. At the office, the nurse writes down Jane's complaint (being overweight; rapid recent weight gain), and takes a few measures: Weight: 178 lbs.; Pulse: 76; Blood pressure: 140/92. Dr. Burns talks with Jane and Mrs. Smith, the care-provider, and does some checking with his stethoscope, a light, and tongue depressor. He orders some blood tests at a local lab. He learns that Jane, in a rush to get to her job, typically skips breakfast. She began working at a fast food restaurant six weeks ago, and eats her lunch there (sometimes 2 double-hamburgers and 2 large orders of French fries). Dr. Burns recommends that Jane (1) eat breakfast at home; (2) cut back to 1 hamburger and 1 order of French fries at lunch (or, even better, a grilled chicken sandwich and a small salad); (3) begin walking at least one mile each day; and (4) come back in for a blood pressure check in three months.
3. The next day, April 11th, Jane has blood drawn at the lab used by Dr. Burns's patients, and the lab says they will fax the results to Dr. Burns. They say "no news is probably good news," if you don't get a call from Dr. Burns's office about the lab work.
4. A month later, concerned that Jane hasn't lost any weight (but hasn't gained any either), Mrs. Smith calls Dr. Burns's office, and after checking with him, his nurse asks Jane to come in the next day (May 15) for a blood pressure check.
5. On May 15, Jane has her blood pressure checked, and it is 138/86. Her pulse is 76. Her weight at the office is 174 lbs. The nurse asks questions about breakfast, lunch and walking; encourages Jane (and Mrs. Smith) to continue their effort; and no change is made in Jane's scheduled appointment with Dr. Burns on July 7th.

Log of Health Care Visits and Consultations

Name: _____

DOB: _____

Date	Health care professional (name)	Phone? Y N	Reason/ Subject	Outcome/ Result	Follow-up or Notes (e.g., meds)

Smith Family Care Home, 1234 Main Street, Any City, CA 90000. Ph: (123) 456-7890

Guide (refer to the page number), and using the Log form (refer to the page number), please make entries on the Log of Health Care Visits and Consultations. Work alone, and take about 10 minutes.

I will give you a hint. It's not uncommon to find entries in these logs to have problems in (1) not conveying information as to what went on, and (2) not explaining what is to be done next.

Signs, Symptoms, and Responses

Do

Show overhead #17

Say, and discuss

Nearly all DSPs are expected to be able to take a person's (1) temperature; (2) pulse; and (3) respiration rate. With proper equipment and instruction, some are expected to take blood pressure readings as well, although this is less common.

How should you take a person's temperature, pulse, and respiration rate? ANSWER:

1. *Temperature* – wash hands; be sure thermometer is clean; shake down; place under tongue; ask person to close mouth and breathe through their

Your Presentation Notes

Vital Signs

● **Temperature**

● **Pulse**

● **Respiration**

● **Blood pressure (with advice and training)**



Session #5, Overhead 17

nose; leave under the tongue for 3-5 minutes; read temperature. (98.6 degrees F. is normal; one degree either side is Okay.) If taken under arm, normal temperature is one degree less; leave under arm for 5 (not 4) minutes. If using a paper thermometer for forehead or under tongue, follow directions for that particular thermometer.

2. *Pulse* – two fingers across wrist; if cannot feel pulse, take under jaw near wind pipe. Count over 15 seconds, then multiple by 4, to express as beats per minute.
3. *Respiration* – look for rise and fall of the chest. Count rise and fall for 1 minute (12 to 24 breaths per minute is normal). Stand above and look down, but don't tell the person what you are doing, because being conscious of respiration being measured is likely to change the pattern.

Do

Show overhead #18

Say

Blood pressure guidelines for adults are:

Normal – Below 130/85;

High-normal – 130-139/85-89;

High – 140/90 or higher.

Your Presentation Notes

Blood Pressure

● **Normal** –
Below 130/85

● **High-normal** –
130-139/85-89

● **High** –
140/90 or higher



Session #5, Overhead 18

Persistent high blood pressure (called *hypertension*) is a very serious problem. It is known as the "Silent Killer," and left untreated will lead to heart disease, stroke, or kidney problems. If blood pressure is high, have it checked frequently and consult a physician to see whether there is a problem.

Do

Show overhead #19

Say, and Discuss

Observation involves sensing *change* in things that may signal a health problem. Using the four sense indicated, what kinds of things might you encounter?

1. *Sight* – rash, reddened area, swelling, rapid breathing, cloudy urine, tears, emotional outburst, aggression, property destruction, change in eating or sleeping pattern, etc.
2. *Hearing* – labored or noisy breathing, crying, moaning in pain, coughing, yelling.
3. *Touch* – hot, moist, or cold skin; change in pulse rate; puffiness of skin; slight pressure resulting in wincing.
4. *Smell* – fruity breath, foul smelling urine, foot odor, etc.

Your Presentation Notes

Observation

Looking for *change* in anything that may signal a health problem

- *Sight*
- *Hearing*
- *Touch*
- *Smell*

Session #5, Overhead 19

Do

Show overhead #20

Say

There are both objective and subjective signs and symptoms. If something is objective, it means an outsider can sense it (e.g., see the person scratch). If subjective, it is something only the person feels (e.g., headache; itching). This difference is important, because many of the people we serve use few if any words, and have trouble telling us what they are feeling. This makes diagnoses of health problems more challenging, and typically more objective measures (e.g., blood work; urinalysis) will be needed to rule out various possibilities.

Do

Show overhead #21

Say

Let's use for an example, normal and abnormal patterns of bowel movements. It may not sound too exciting, but this is an important health indicator.

Each person has a pattern of bowel movements that is "normal" for him/her. Part of getting to know about individual needs is learning what the normal pattern of bowel movements is for that person. Once the normal pattern of bowel movements is

Your Presentation Notes

Signs and Symptoms

- If objective, outside can sense
- If subjective, internal feeling that person may or may not be able to express
- Difference is important, some cannot express what they are sensing

Session #5, Overhead 20

Signs and Symptoms of Constipation

- Change in pattern of bowel movements
- Loss of appetite, increase in sleepiness, fussiness
- Abdominal bloating
- Persistent abdominal pain
- Oozing of liquid stool

Session #5, Overhead 21

established the DSP should look for any indication of a change. When an individual is not able to tell you that they had a bowel movement, the plan for that individual may include keeping a record of bowel movements.

Constipation is a symptom of a problem. Untreated constipation can lead to serious consequences including the need for surgery and sometimes death. People who are inactive, drink small amounts of fluids, have a low fiber diet, and take certain medications may be prone to constipation.

Signs and symptoms of a problem with constipation include:

1. A change in the normal pattern of bowel movements.
2. Loss of appetite, increase in sleepiness, fussiness.
3. Abdominal bloating.
4. Persistent abdominal pain (person is holding their abdomen).
5. Oozing of liquid stool.

If you observe any of these symptoms, call the individual's primary physician immediately.

Your Presentation Notes

Signs and Symptoms of Constipation

- **Change in pattern of bowel movements**
- **Loss of appetite, increase in sleepiness, fussiness**
- **Abdominal bloating**
- **Persistent abdominal pain**
- **Oozing of liquid stool**

Session #5, Overhead 21

Do

Show overhead #22

Say

Let's do an activity. As a group at your table, take about 10 minutes to list various signs and symptoms of illness or injury within the categories in your *Resource Guide* (refer to the page number). Designate one person as a recorder/reporter. Once each table has completed it's work, move from one category to the next, asking a table to report, and then asking other table reporters to add any other sign or symptom within the particular category. Move from one category to the next.

If not included, here are some possible answers:

1. Eyes, Ears, and Nose

Rubbing eyes or nose
Red eyes
Pulling ear
Runny discharge (clear; cloudy; color)

2. Mouth and Throat

Change in eating pattern
Bleeding
Hoarseness
Wheezing

3. Head, Neck, and Shoulders

Stiff
Limited range of motion
Change in usual pattern

Your Presentation Notes

Signs and Symptoms

Activity

- List as many signs and symptoms of illness or injury in the categories you will find in your *Resource Guide*
- Designate recorder to take notes, and report
- Take about 10 minutes to do the activity

Session #5, Overhead 22

Activity: Signs and Symptoms

DIRECTIONS: At each table, list at least three **signs** or **symptoms** observable by the DSP, or told to the DSP, in the following areas: (*NOTE:* You can ask a question to learn a symptom. For example, "Do you itch anywhere?")

1. Eyes, Ears, and Nose	
2. Mouth and Throat	
3. Head, Neck, and Shoulders	
4. Muscles and Bones	
5. Eating and Drinking	
6. Breathing	

7. Abdomen, Bones, and Bladder	
8. Pain	
9. Sleeping	
10. Skin	
11. Thinking, feelings, emotions	
12. General level (or type) of activity	

Remarks, if any:

4. Muscles and Bones

Difficulty moving
Red
Swollen

5. Eating and Drinking

Refuses to eat
Drinks to excess
Cravings
Binging

6. Breathing

Erratic
Choking
Noisy
Labored

7. Abdomen, Bowels, and Bladder

Diarrhea
Blood in stool

8. Pain

Screaming
Crying
Grabbing "area"
Withdrawing
Outburst (undefined)
Draws away or says "Ouch" when
slight pressure applied to a muscle

9. Sleeping

Erratic pattern
Too much sleep
Not enough sleep
Restlessness while sleeping

10. Skin

Red
Cut
Swelling
Rash

Your Presentation Notes

11. **Thinking, feelings, emotions**

Unusually quiet
Outburst
Rambling
Change in perseveration
"Seeing things"

12. **General level (or type) of activity**

Whatever is different from the
person's usual
Lethargic
Frenetic

Do

Show overhead #23

Say

We will watch a video produced by the Epilepsy Foundation of America about seizures, and how we can help someone who is having a seizure. Then, as a group at your table, please answer the questions in your Resource Guide (refer to the page number) for the activity titled *Understanding Seizures and Seizure First Aid*. The video will last about 10 minutes; you will have another three minutes to answer the questions.

Do

Show videotape, after completion

Say

Okay, go ahead and work on the answers to the questions as a group.

Your Presentation Notes

Observing a Seizure

Activity

- Watch the video
- As a group, answer the questions
- Ask one person to serve as a recorder

Session #5, Overhead 23

Activity:
Understanding Seizures and Seizure First Aid

Watch the videotape from the Epilepsy Foundation of America, and then answer the following questions:

- 1. When a seizure occurs, what is happening inside the person's brain?**

- 2. To assist a person having a tonic-clonic (i.e., gran mal) seizure, what should you do? Not do? Why?**

- 3. To assist a person having a partial seizure that doesn't generalize, what should you do? Not do? Why?**

- 4. Under what circumstances involving a seizure would it be appropriate to seek medical care right away?**

Wait 3-5 minutes

Say

According to this videotape, - - -

1. When a seizure occurs, what is happening inside the person's brain? - A part or all of the brain is engulfed in electrical firing of neurons.

2. To assist a person having a tonic-clonic (i.e., gran mal) seizure, what should you do? Not do? Why? —

- a. Keep calm; reassure.
- b. If falling, ease to ground.
- c. Protect head, by removing objects and putting something soft under the person's head.
- d. Do not restrain movements.
- e. Turn person on their side, if possible, to avoid choking on saliva, or tongue blocking airway.
- f. Do not put anything in the person's mouth.

3. To assist a person having a partial seizure that doesn't generalize, what should you do? Not do? Why?

- a. Keep calm; reassure.
- b. Minimize physical interaction with the person.
- c. Head off any danger (e.g., walking into traffic).
- d. Stay with the person until recovered.

Your Presentation Notes

4. *Under what circumstances involving a seizure would it be appropriate to seek medical care right away?*

- a. It is a first seizure.
- b. The person is unconscious for 5 minutes or longer.
- c. The seizure is the result of injury (e.g., accident).

Do

Show overhead #24

Say

Let's review what we should do when a seizure occurs. When a person has a seizure – especially a *gran mal* or *tonic-clonic* one – here is what the DSP should do:

- Keep calm
- If falling, ease to ground and protect head
- Do not restrain movements
- When jerking stops, turn person on their side if possible
- Do not put anything in the person's mouth
- Give nothing to drink
- Stand by until the person is conscious and alert
- Allow a rest period, then encourage regular activities

Your Presentation Notes

Seizures: First Aid

- **Keep calm**
- **Ease to ground**
- **Do not restrain**
- **Turn person on side**
- **Nothing to drink**
- **Stay until conscious**
- **Allow rest period**
- **If new or different, get help**
- **Reassure the person**
- **Document in record**

Session #5, Overhead 24

- If seizure is new, prolonged, reoccurring, or injury, get professional help.
- Reassure the person that they will be okay.
- Once the individual is stable and/or treated, the DSP should document the details of the seizure (for example, when, how long, area affected, loss of consciousness) and communicate the information to physician and other staff.

Medical Emergencies

Do

Show overhead #25

Say

A *medical emergency* is an unexpected event calling for first aid, followed by prompt medical attention (e.g., calling **911**; taking the person to the Emergency Room at the hospital; calling Poison Control).

Do

Show overhead #26

Say

If these things happen, be sure to call **911** right away:

- is or becomes *unconscious*;
- has *no pulse*;

Your Presentation Notes

What is a *Medical Emergency*?

A *medical emergency* is an unexpected event calling for first aid, followed by prompt medical attention (e.g., calling 911)

Session #5, Overhead 25

Emergencies Requiring 911 Call

- *loss of consciousness*
- *no pulse*
- *trouble breathing*
- *chest pain or pressure*
- *severe bleeding*
- *injuries to the head, neck, or back*
- *shock*

Session #5, Overhead 26

- has *trouble breathing* or is *breathing* in a strange way;
- has *chest pain* or *pressure*;
- is *bleeding severely*;
- has *injuries to the head, neck, or back*; or
- has gone into *shock*.

This is not an exhaustive list. Emergency services personnel suggest calling **911** regardless of the apparent extent of injuries if (1) fire or explosion; (2) downed electrical wires; (3) people are caught in swiftly moving or rapidly rising water; (4) poisonous gas is in the air; (5) vehicles have collided; or (6) the person is injured and cannot be moved easily.

Do

Show overhead #27

Say

Three skills – Abdominal Thrusts; Rescue-Breathing; and CPR – can save lives. Every community has courses, where one can learn how to do these things.

Abdominal Thrusts are given to dislodge something blocking the windpipe and the person is choking. Symptoms of choking include clutching the throat with one or both hands, unable to speak, and high pitched wheezing.

Your Presentation Notes

Three Skills for Saving Lives

- **Abdominal thrusts**
(e.g., Heimlich Maneuver)
- **Rescue-Breathing**
- **Cardio-Pulmonary Resuscitation (CPR)**

Session #5, Overhead 27

Rescue-Breathing is done when a person is not breathing on their own.

CPR is given when there is no pulse, which means the person's heart is not pumping blood.

Do

Show overhead #28

Say

Here are the things you should do when awaiting response to a **911** call.

1. STAY CALM, so that you can reassure the person and not add to fear and concern, which in and of itself is understandable but not helpful.
2. STAY WITH THE PERSON.
3. MAINTAIN AIRWAY, if necessary by tilting the head back.
4. CONTROL BLEEDING, by application of pressure, or use of a tourniquet if necessary.
5. TREAT FOR SHOCK. – Have the person lie down, loosen clothing, cover with a blanket, and seek medical attention.

Your Presentation Notes

Waiting for Response to 911

- **Stay calm!**
- **Stay with the person**
- **Maintain airway**
- **Control bleeding**
- **Treat for shock**
- **Medical history and other info available for paramedics**

Session #5, Overhead 28

6. HAVE A CURRENT MEDICAL HISTORY READY TO GIVE TO THE PARAMEDICS TO INCLUDE, AT A MINIMUM

- Name, DOB, current address, and phone#;
- Current medications;
- List of allergies;
- Insurance information (e.g., Medical card); and
- Physician's name and number

Say

These are the skills learned in the First Aid course required for all DSPs.

Say

This concludes Session #5. As one can see, the DSP has a number of responsibilities in maintaining the "health, wellness, and safety" of those served. Those responsibilities cover the gamut from personal hygiene and prevention measures, through participating in planning and providing assistance in meeting health care needs, to responding appropriately to *medical emergencies*.

Any questions related to the three Wellness sessions?

Your Presentation Notes

Homework Assignment

Your next class session is about Positive Behavior Support.

To get ready for it, you will need to complete the homework assignment at the end of your resource guide for this session (refer to the page number).

It's about looking at the place where you work and figuring out what kinds of things might influence the behavior of the people who live there.

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*.

Any questions?

See you next time

Your Presentation Notes

Homework Assignment for Session #6: Positive Environment Checklist

Please complete the *Positive Environment Checklist* in the environment where you work and support people (licensed home, and/or other setting). There are some fairly easy to follow instructions on the first page of the checklist to assist you. Review each question and circle one of the answers given: YES, NO, or UNCLEAR (if the answer is hard to determine, or if it is sometimes "yes" & sometimes "no").

This tool is good to use for two main reasons:

1. By completing it, you may identify specific areas within the environment, that may need to be looked at more closely, as they may impact the behavior of the people you are supporting. DSPs and/or administration may be able to adapt or change some of these areas to improve the quality of services you provide.
2. This is a good "self-assessment" tool that you can use to grade your environment. You may find that you are already positively addressing the areas listed and can "pat yourself on the back" with the results.

Your results should be brought with you to the next session. We will discuss the following questions:

- a) what area(s) did you rate well on (circling "YES" responses).
- b) what areas did you rate "NO" or "UNCLEAR" on.
- c) of the areas rated "NO" & "UNCLEAR," what suggestions do you have to make any practical changes within the learning environment to address those needs (or, have you done so already)?

POSITIVE ENVIRONMENT CHECKLIST*

The Positive Environment Checklist (PEC) is designed for use in evaluating whether the settings in which persons with moderate to severe disabilities live, work and go to school are structured in a manner that promotes and maintains positive, adaptive behaviors. The PEC looks at whether settings provide the conditions that support positive behaviors and do not present conditions that make negative behaviors more likely. It also addresses several concerns related to the ways in which program staff support and interact with the people with disabilities in the setting.

The checklist should be used as part of a proactive, preventive approach to addressing challenging behaviors. The checklist can be used as a general tool to provide an overall assessment of a setting. Also, when a particular individual is selected, it can be used as part of a comprehensive analysis of challenging behavior(s) to determine whether environmental conditions are contributing to it.

The PEC focuses on the physical, social, and programmatic structure of the environment. Checklist questions are divided into 5 sections:

- 1) Physical Setting,
- 2) Social Setting,
- 3) Activity & Instruction,
- 4) Scheduling and Predictability, and
- 5) Communication.

Responses to questions in each area should be based on direct observation of the environment, review of written program documents and personnel. Three response options are provided for each question: **YES**, **NO**, and **UNCLEAR**. The term “staff” applies to paid and volunteer personnel who provide support and services in the setting. The term “people” refers to the people with disabilities who live, work, or attend school in the setting.

Scoring the completed PEC is simply a matter of determining which questions received a **YES** response, and which received **NO** or **UNCLEAR** responses. **NO** responses indicate areas or issues that should be addressed to create a more positive environment. **UNCLEAR** responses indicate the need for further analysis, perhaps by extended observation or by questioning a larger number of program personnel.

* *R & T Center on Community Referenced Positive Behavior Support
University of Oregon*

SECTION 1: PHYSICAL SETTING

1.	Is the physical setting clean, well lit and odor free?	YES	NO	UNCLEAR
2.	Is the temperature regulation in the setting adequate?	YES	NO	UNCLEAR
3.	Is the physical setting visually pleasant and appealing?	YES	NO	UNCLEAR
4.	Does the arrangement of the setting promote easy access for all individuals within the setting?	YES	NO	UNCLEAR
5.	Is the setting arranged in a manner that facilitates needed staff support and supervision?	YES	NO	UNCLEAR
6.	Does the setting contain or provide interesting, age-appropriate items and materials for people to use?	YES	NO	UNCLEAR
7.	Is the setting located and structured in a manner that promotes and facilitates physical integration into the "regular" community?	YES	NO	UNCLEAR

SECTION 2: SOCIAL SETTING

1.	Is the number of people in this setting appropriate for its physical size and purpose?	YES	NO	UNCLEAR
2.	Are the people who share this setting compatible in terms of age, gender and support needs?	YES	NO	UNCLEAR
3.	Do the people that share this setting get along with each other?	YES	NO	UNCLEAR
4.	Do staff actively work to develop and maintain a positive relationships with the people here?	YES	NO	UNCLEAR
5.	Do staff promote and facilitate opportunities for social integration with people who are not paid to provide service?	YES	NO	UNCLEAR

SECTION 3: ACTIVITIES AND INSTRUCTION

1.	Do people participate in a variety of different activities?	YES	NO	UNCLEAR
2.	Do people participate in activities that occur in regular community settings outside of the home, school or workplace?	YES	NO	UNCLEAR
3.	Do people in this setting receive instruction on activities and skills that are useful and meaningful to their daily lives?	YES	NO	UNCLEAR
4.	Is the instruction that people receive individualized to meet individual needs?	YES	NO	UNCLEAR
5.	Are peoples' personal preferences taken into account when determining the activities and tasks in which they participate and receive training?	YES	NO	UNCLEAR

SECTION 4: SCHEDULING AND PREDICTABILITY

1.	Is there a system or strategy used to identify what people in this setting would be doing and when?	YES	NO	UNCLEAR
2.	Is there a means to determine whether the things that should be occurring actually do occur?	YES	NO	UNCLEAR
3.	Do people in this setting have a way of knowing and predicting what they will be doing and when?	YES	NO	UNCLEAR
4.	Do staff prepare people in this setting in advance for changes in typical schedules or routines?	YES	NO	UNCLEAR
5.	Do people in this setting have opportunities to exercise choice in terms of what they will do, when, with whom & what rewards they will receive?	YES	NO	UNCLEAR

SECTION 5. COMMUNICATION

- | | | | | |
|----|---|-----|----|---------|
| 1. | Do people in this setting have "acceptable" means to communicate basic messages (e.g., requests, refusals, need for attention) to staff or others in the setting? | YES | NO | UNCLEAR |
| 2. | Do staff promote and reward communication? | YES | NO | UNCLEAR |
| 3. | Do staff have "acceptable" means to communicate basic messages to the people in this setting? | YES | NO | UNCLEAR |

If You Want to Read More About Responding to the Health Needs of the Individual

A Parent's Guide to Medical Emergencies

by Janet Zand, Rachel Walton, and Bob Roundtree (1997); Avery Publishing Group; ISBN: 0895297361

This book provides guidance for parents in meeting the emergency needs of their children.

Assessing Health Risk in Developmental Disabilities

By Karen Green McGowan & Jim McGowan (1995); McGowan Publications; ISBN: None

This book explains the rationale and use of KMG Fragility Scale.

First Aid Fast

by American Red Cross (1995); Stay Well Printer; ISBN: 0815102585

This booklet, complete with pictures and diagrams, indicates what to do in a variety of emergency situations.

Health and Wellness Reference Guide

by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998)

This is an excellent general reference for nurses and others working with direct care staff in various settings.

Health Care Protocols: A Handbook for DD Nurses

by McGowan Consultants and Smith Consultant Group; developed for the Commission on Compliance, State of Tennessee (August 1998)

This handbook contains a large number of Protocols to guide the treatment and management of various illnesses, injuries, and conditions.

Kaiser Permanente's Healthwise Handbook

by Donald W. Kemper, the Healthwise Staff, and Kaiser Permanente Physicians and Staff of Northern California (1998); Healthwise, Incorporated; ISBN: 1877930458

This handbook, distributed to members, contains a wealth of information related to self-care and when to get professional help. Part I covers Self-Care Basics, which includes using the Kaiser Permanente System, being a wise medical consumer, and prevention and early detection. Part II covers an array of health problems, including those of special interest to men, women, and children. Part III is about Staying Healthy, and covers mouth and dental problems, fitness and relaxation, nutrition, and mental wellness. Part IV, on Self-Care Resources, concludes the book.

Mayo Clinic Family Health Book

by David Larson, editor (1996); William Morrow & Company; ISBN: 0688144780

A revised edition of the popular medical reference contains updated data on more than one thousand diseases and disorders, facts on exercise and nutrition, and information about health-care options, stress management, the human life cycle, and more.

Nursing Assistants: A Basic Study Guide

by Beverly Robertson, MSC (1996); First Class Books, Inc.; ISBN: 1880246074

This Study Guide contains 16 Step-by-Step Modules and 32 Flash Cards, covering the fundamentals of being a competent Nursing Assistant in long-term care.

The [H.E.A.R.T.] Wellness Journal

by Health Concepts; developed for Alta California Regional Center (1998)

This handy, portable Wellness Journal, designed as part of a Wellness Grant from the Department of Developmental Services, can be carried by the person to meet with health care professionals. It contains personal background information, a health history, and log sheets for entries to be made. H.E.A.R.T. stands for Health Education Awareness Resource Tool. The Journal also includes a variety of resource tools, including pictorial/diagrams to assist individuals who use few if any words to communicate what they need and want.

The Merck Manual of Medical Information: Home Edition (1st Edition)

by Robert Berkow and others, editors (1997); Merck & Co.; ISBN: 0911910875

The world's best-selling medical reference is now available in every day language. Comprehensive, accurate information is offered, with contributions from more than 300 leading medical experts. 300+ illustrations.

References for this Session

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Providing Residential Services in Community Settings

by the Michigan Department of Community Health

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Your Presentation Notes